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FACSIMILE COVER SHEET

Deliver to: Baker, Stephen M., USPTO Art Group: 2123
Facsimile No.: (571) 273-8300 Date: August 2, 2007
From: Brent E. Vecchia, Reg. No. 48,011
Our Docket No.: 42390P11604 Number of pages 12 including this sheet.
Application No.: 09/895,433 Filing Date: 6/29/2001
Docket Due Date(s): 9/1/2007

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>After Final</u> (<u>8</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (<u> </u> pgs)	<input type="checkbox"/> Notice of Appeal (in duplicate)
<input type="checkbox"/> Application: _____ (<u> </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of <u>Facsimile</u>	<input type="checkbox"/> Reply Brief (<u> </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (<u> </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion (<u> </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Wendi Lou Rostan

8/2/2007

Date

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/895,433
		Filing Date	June 29, 2001
		First Named Inventor	RAMESH PENDAKUR
		Art Unit	2123
		Examiner Name	Baker, Stephen M.
Total Number of Pages in This Submission	12	Attorney Docket Number	42390P11604

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Cover Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Brent E. Vecchia</i>
Date	August 2, 2007

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Typed or printed name	Wendi Lou Rostan		
Signature	<i>Wendi Lou Rostan</i>	Date	August 2, 2007

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006.
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FEE TRANSMITTAL for FY 2006 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/895,433
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	June 29, 2001
		First Named Inventor	RAMESH PENDAKUR
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Examiner Name	Baker, Stephen M.
		Art Unit	2123
		Attorney Docket No.	42390PI1604

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.	<input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

FEE CALCULATION																																																																																											
1. EXTRA CLAIM FEES																																																																																											
Total Claims: 15 - 20* = 0 x 50.00 = \$0.00 Independent Claims: 4 - 4* = 0 x 200.00 = \$0.00 Multiple Dependent: _____	Extra Claims: 0 x 50.00 = \$0.00 Fee from below: 0 x 200.00 = \$0.00 SUBTOTAL (1) (\$) 0.00																																																																																										
<table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>790</td> <td>2204</td> <td>395</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple Dependent claim, if not paid	1204	790	2204	395	**Reissue independent claims over original patent	1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	*or number previously paid, if greater. For Reissues, see below																																																											
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011
Signature	<i>Brent E. Vecchia</i>	Telephone	(303) 740-1980
		Date	08/02/07

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (w/ 02/26/2007).
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FEE TRANSMITTAL for FY 2006 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>	
		Application Number	09/895,433
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	June 29, 2001
		First Named Inventor	RAMESH PENDAKUR
		Examiner Name	Baker, Stephen M.
TOTAL AMOUNT OF PAYMENT		(\$)	0.00
		Art Unit	2123
		Attorney Docket No.	42390P11604

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION
1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	20	0	\$0.00
Independent Claims	4	0	\$0.00
Multiple Dependent			

Large Entry	Small Entry	Fee Description
Fee Code	Fee Code	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 790	2204 395	**Reissue independent claims over original patent
1205 900	2205 150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

*or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entry	Small Entry	Fee Description
Fee Code	Fee Code	
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
2053 130	2053 130	Non-English specification
1251 120	2251 60	Extension for reply within first month
1252 450	2252 225	Extension for reply within second month
1253 1,020	2253 510	Extension for reply within third month
1254 1,590	2254 795	Extension for reply within fourth month
1255 2,160	2255 1,080	Extension for reply within fifth month
1401 500	2401 250	Notice of Appeal
1402 500	2402 250	Filing a brief in support of an appeal
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1806 180	1806 180	Submission of Information Disclosure Sheet
1809 790	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature	<i>Brent E. Vecchia</i>	Date	08/02/07		

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/26/2007.
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**RESPONSE UNDER 37 CFR § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2100****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application. No. : 09/895,433
1st Named Inventor : Ramesh Pendakur
Filed : June 29, 2001
Docket No. : 42P11604

Confirmation No. : 8953
Art Unit : 2112
Examiner : Baker, Stephen M.
Customer No. : 7590

RESPONSE TO OFFICE ACTION


Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed June 1, 2007, the Applicants respectfully request that the Examiner enter the following amendments and consider the following remarks.

CERTIFICATE OF TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is, on the date shown below, being transmitted by facsimile to the Patent and Trademark Office.

 8/2/2007
Wendi Lou Rostan Date